forms of all railway junctions during the coming summer months; and

(b) if so, what steps are being taken by Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF RAILWAYS (SHRI MADHAVRAO SCINDIA): (a) Yes, Sir.

(b) The following steps have been taken/are being taken for the supply of cold drinking water at important stations including junctions:—

(i) Provision of water containers like "Matkas", "Gharas", "Buckets" etc.;

(ii) Provision of water trolleys and water huts;

(iii) Increase in the number of water taps;

(iv) Provision of water coolers on a programmed basis at important stations having electricity and piped water supply; and

(v) Provision of additional watermen during summer.

New incentives to educationally backward areas

1155. SHRI BASUDEB MOHAPATRA: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) whether it is a fact that economic backwardness has been one of the important factors contributing to low enrolments and high drop-outs in the Primary schools;

(b) what steps Government have taken to introduce new incentives schemes in educationally backward areas; and

(c) whether the scheme already introduced has so far yielded any results?

THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCATION AND CULTURE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRIMATI KRISHNA SAHI): (a) to (c) A large number of research studies have been conducted to ascertain the reasons for low enrolment and high drop-outs in primary schools. These studies reveal as many as 56 causes responsible for poor enrolment and students dropping out at an early stage. The economic backwardness of the region and/or of the family is one of the main causes.

Since the causes are many, a whole range of programmes is needed to have an impact on the situation Various incentive programmes like free supply of uniforms to girl students, free mid-day meals, free text books and attendance scholarships are being implemented by the States and Union Territory Administrations.

Apart from the new initiatives and strengthening of existing arrangements by the State Goverments, as primarily they look after school education, the Government of India is taking some new initiatives including 'Operation Blackboard' to make available essential facilities in all primary schools in the country in a phased manner, strengthening and re-organisation of NFE, setting up of DIETs and strengthening of Teacher Training arrangements and development of core curriculum. Specific schemes are being finalised and all these measures put together are expected to bring desired improvement in enrolment and drop-out rates in the country.

Surveillance of V.D. cases in the country

1156. SHRI RAJNI RANJAN SAHU:
SHRI RAFIQUE ALAM:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that

number of V.D. cases are increasing in certain States in the country;

(b) if so, the names of the States where the cases are on increase;

(c) what steps have been taken for the control and treatment of this diseases;

(d) whether it is a fact that detection centres for these diseases are inadequate in the country;

(e) whether it is also a fact that Government are not providing medicines free of cost to poor patients for the treatment of these diseases;

(f) whether it is a fact that the treatmen. of these diseases is very costly; and

(g) if so, what steps have been taken by Government to provide proper treatment to the poor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b) There is no reliable data to indicate that the number of V.D. cases are increasing in certain States in the country. However, the number of cases seen/treated for Sexually Transmitted Diseases (STD) during the last three years are as under:

1984	 9,10,085
1985	 12,26,858
1986	 13,11,806

This shows that there is a gradual increase in the number of STD cases seen/treated during the last three years. The increase is in respect of almost all the States/U.Ts.

(c) Government of India has inducted the STD Control Programme as a Central Sector Scheme with 100 per cent Central Assistance envisaging teaching, training and research in the field of STD.

(d) to (g) There are more than 400 STD clinics functioning in the country, which provide diagnostic and therapeutic services to the patients. Treatment facilities are also available in the Skin & STD Departments of the Medical Colleges and Hospitals and medicines are also provided free of cost to the patients attending the clinics. The drugs used in the treatment of these diseases are not costly.

Marketing of the Sub-Therapeutic Medicine in the country

1157. SHRI RAJNI RANJAN SAHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that number of medicines being marketed in the country are of sub-therapeutic value;

(b) if so, the number of medicines which have come to the notice of Government during the last three years along with the details thereof;

(c) whether any action has been taken against those drug companies found marketing sub-therapeutic value medicines; and

(d) if so, the details of action taken against each company along with the name of companies and the products?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (d) The Second Schedule to the Drugs and Cosmetics Act prescribes standards of quality in respect of drugs for the purposes of import, manufacture for sale and distribution of drugs. It does not permit the manufacture of sub-therapeutic drugs. Additional standards for drugs are laid down under the Drugs and Cosmetics Rules.

Information regarding 26 categories of drugs/fixed dose combinations of drugs, manufacture of which is banned under the Drugs and Cosmetics Act, is given in the enclosed Statement. (*See* below). A sub-Committee appointed by the Drugs